MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024582

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5953

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1
2 2/19
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4 2
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FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1724 Webster
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Last: Edwards

4. DATE OF DEATH: Month: 6 Day: 12 Year: 62

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-23 09

9. AGE (last birthday): 52

IF UNDER 1 YEAR: Months: 6 Days: 22
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ARKANSAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JASON EDWARDS

13b. MOTHER'S MAIDEN NAME: ADA ALLEN

14. NAME OF HUSBAND OR WIFE: LENORA EDWARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: NO

16. SOCIAL SECURITY NO.:

17. INFORMANT: LENORA EDWARDS Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Anoxia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Tracheal obstruction 162.0	
DUE TO (c)	Epidermoid carcinoma of trachea	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchopneumonia and Metastatic carcinoma of liver

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-9-62 to 6-12-62 and last saw him alive on 6-12-62
Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Utley MD

22b. ADDRESS: 2601 N. Whittier Ave.

22c. DATE SIGNED: 6-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 6-16-62

23c. NAME OF CEMETERY OR CREMATORY: OAKDALE

23d. LOCATION (City, town, or county) (State): LEMAY MO

24. FUNERAL DIRECTOR ADDRESS: RELIABLE 1389 UNION

25. DATE RECD. BY LOCAL REG.: JUN 15 1962

LOCAL REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Croom

Licensed Embalmer No. 4755

P. O. Address 1389 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.